

County: Sauk

Facility ID: 5380

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MAPLEWOOD OF SAUK PRAIRIE
245 SYCAMORE STREET

SAUK CITY 53583 Phone: (608) 643-3383

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/05): 120

Total Licensed Bed Capacity (12/31/05): 120

Number of Residents on 12/31/05: 110

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Corporation

Skilled

No

Yes

Yes

108

Age, Gender, and Primary Diagnosis of Residents (12/31/05)				Length of Stay (12/31/05)	
Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	%
Developmental Disabilities	0.9	Under 65	3.6	1 - 4 Years	30.9
Mental Illness (Org./Psy)	10.0	65 - 74	4.5	More Than 4 Years	21.8
Mental Illness (Other)	0.0	75 - 84	22.7		100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	61.8		
Para-, Quadra-, Hemiplegic	1.8	95 & Over	7.3		
Cancer	0.0				
Fractures	0.0		100.0		
Cardiovascular	0.9	65 & Over	96.4		
Cerebrovascular	4.5				
Diabetes	0.9	Gender	%		
Respiratory	1.8				
Other Medical Conditions	79.1	Male	30.9		
	----	Female	69.1		
	100.0		100.0		

Age, Gender, and Primary Diagnosis of Residents (12/31/05)				Length of Stay (12/31/05)	
Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	%
Developmental Disabilities	0.9	Under 65	3.6	1 - 4 Years	30.9
Mental Illness (Org./Psy)	10.0	65 - 74	4.5	More Than 4 Years	21.8
Mental Illness (Other)	0.0	75 - 84	22.7		100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	61.8		
Para-, Quadra-, Hemiplegic	1.8	95 & Over	7.3		
Cancer	0.0				
Fractures	0.0		100.0		
Cardiovascular	0.9	65 & Over	96.4		
Cerebrovascular	4.5				
Diabetes	0.9	Gender	%		
Respiratory	1.8				
Other Medical Conditions	79.1	Male	30.9		
	----	Female	69.1		
	100.0		100.0		

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	2	10.5	420	3	4.5	139	0	0.0	0	2	8.0	168	0	0.0	0	0	0.0	0	7	6.4	
Skilled Care	17	89.5	352	63	95.5	119	0	0.0	0	23	92.0	179	0	0.0	0	0	0.0	0	103	93.6	
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	19	100.0		66	100.0		0	0.0		25	100.0		0	0.0		0	0.0		110	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/05				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	0.5	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	3.1	Bathing	0.0	77.3	22.7	110
Other Nursing Homes	0.5	Dressing	1.8	80.0	18.2	110
Acute Care Hospitals	91.3	Transferring	16.4	74.5	9.1	110
Psych. Hosp.-MR/DD Facilities	0.5	Toilet Use	13.6	72.7	13.6	110
Rehabilitation Hospitals	0.0	Eating	85.5	9.1	5.5	110
Other Locations	0.0	*****				
Total Number of Admissions	196	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	3.6		Receiving Respiratory Care	0.0
Private Home/No Home Health	10.3	Occ/Freq. Incontinent of Bladder	30.0		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	40.5	Occ/Freq. Incontinent of Bowel	14.5		Receiving Suctioning	0.9
Other Nursing Homes	1.0				Receiving Ostomy Care	1.8
Acute Care Hospitals	14.9	Mobility			Receiving Tube Feeding	1.8
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	1.8		Receiving Mechanically Altered Diets	27.3
Rehabilitation Hospitals	0.0					
Other Locations	0.5	Skin Care			Other Resident Characteristics	
Deaths	26.2	With Pressure Sores	3.6		Have Advance Directives	100.0
Total Number of Discharges		With Rashes	0.9		Medications	
(Including Deaths)	195				Receiving Psychoactive Drugs	10.0

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.0	86.8	1.04	88.8	1.01	88.3	1.02	88.1	1.02
Current Residents from In-County	91.8	76.7	1.20	81.0	1.13	70.5	1.30	77.6	1.18
Admissions from In-County, Still Residing	24.0	16.9	1.42	23.7	1.01	20.5	1.17	18.1	1.32
Admissions/Average Daily Census	181.5	168.8	1.07	124.7	1.45	123.5	1.47	162.3	1.12
Discharges/Average Daily Census	180.6	172.6	1.05	127.4	1.42	126.7	1.43	165.1	1.09
Discharges To Private Residence/Average Daily Census	91.7	69.5	1.32	53.4	1.72	50.1	1.83	74.8	1.23
Residents Receiving Skilled Care	100	95.0	1.05	96.8	1.03	94.1	1.06	92.1	1.09
Residents Aged 65 and Older	96.4	92.7	1.04	92.1	1.05	92.5	1.04	88.4	1.09
Title 19 (Medicaid) Funded Residents	60.0	67.3	0.89	68.7	0.87	70.2	0.85	65.3	0.92
Private Pay Funded Residents	22.7	18.0	1.26	18.5	1.23	19.0	1.19	20.2	1.13
Developmentally Disabled Residents	0.9	0.6	1.64	0.4	2.22	0.5	1.89	5.0	0.18
Mentally Ill Residents	10.0	29.4	0.34	38.6	0.26	37.2	0.27	32.9	0.30
General Medical Service Residents	79.1	28.0	2.82	24.6	3.22	23.8	3.33	22.8	3.47
Impaired ADL (Mean)	45.3	48.0	0.94	48.5	0.93	47.2	0.96	49.2	0.92
Psychological Problems	10.0	53.5	0.19	57.4	0.17	58.9	0.17	58.5	0.17
Nursing Care Required (Mean)	4.5	6.8	0.67	7.1	0.64	7.1	0.64	7.4	0.61